DO NOT WHILE THE PROPERTY OF PUBLIC WHALTH AND WELFARD STORMSHIP Policy in 18 19 10 10 10 10 10 10 10 10 10 10 10 10 10					/ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	62-02516	60
NS 300  Rev. 47.59  1. FlACE OF DEAM  8. COUNTY  1. SLOW If If carried corporate limits, give 10WASHIP only)  1. SLOW If If carried corporate limits, give 10WASHIP only)  1. SLOW IF It is the standard of the standard in the standard of the standard in th	DEP				Reference Bis Fig. Nd.I.M. 1. Quanta Primary Registration District No. 1003 Registrar's No.	STATE FILE NUMBER	
A COUNTY    South   Strain   S	ON THIS STUB	A	MENDE	<b>D</b>	311	43	
B. CITY (If contained ecoparate limits, give TOWNSHIP only)   Length of tay in Its   COUNTY	VS 300	ا اصا	. 1 1	1			
Modern   M					b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stey in 1b   c. CITY	Inside	e Limits
HOSPITALION   Park   Lane   Hespital   Ver X No     ACCRESS   3650   Weber   Read (5)   Ver   No X	i • • • • • • • • • • • • • • • • • • •	Ke			TOWN St Leuis 2 Weeks TOWN Lemay		] No □
Solution   Fark   Lane   Heapital   Tell   No.   Solution   Solu	1	¥	11		c. FULL NAME OF (If NOT in hospital, give location) (8) Inside Limits d. STREET		
3 NAME OF BECEASED FIRST Middle Last DEATH 6—8—1962  5 /	42003				institution Park Lane Hespital Yes X No [ 3650 Wel	er Read 25) Yes -	] No 🛣
Semantin	3	-	+ +	┥		Month Day	Year
5. SEX 6. COLOR OR RACE 7. Married 10. USDAL COCUPATION (Give kind of work done) 10. SIATHER'S NAME 11. NAME OF FULSANDO OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. In FATHER'S NAME 14. NAME OF FULSANDO OF WHAT COUNTRY 15. WAS DECEASED EVER IN US. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Give or of dote of service) 19. WAS AUTOPSY 10. DUE TO (c) 10. SOCIAL SECURITY NO. 10. SOCIAL SECURITY NO. 11. INFORMANT 10. LOUIS SCHMITT 3650 Weber Read (25 10. SOCIAL SECURITY NO. 11. INFORMANT 10. LOUIS SCHMITT 3650 Weber Read (25 10. SOCIAL SECURITY NO. 11. INFORMANT 10. INFORMANT 10. INFORMANT 11. Information of the Heart, Myocarditis 11. INFORMANT 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. INFORMANT 14. NAME OF FULSIAN OF WHAT COUNTRY 15. WAS DECEASED EVER IN US. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. INFORMANT 19. WAS DECEASED IN THE OF THE ORDER OF T	4 4	1			Kenstantin Schmitt DEATH 6		
Male with the substant occupancy of the substant occupancy occupancy of the substant occupancy	4 0				5. SEX 6. COLOR OR RACE 7. Married Never Married □ 8. DATE OF BIRTH 9. AGE (last b	Mantha Dave House	
Duting most of working life, even if relired)  Retired  Germany  U.S.A.  Paus Charles NAME  Plus Schmitt  Is. MAN DECEASED EVER IN U.S. ARMED FORCES?  Is. SOCIAL SECURITY NO  IS. MAN DECEASED EVER IN U.S. ARMED FORCES?  Is. SOCIAL SECURITY NO  II. MAN DECEASED EVER IN U.S. ARMED FORCES?  III. SOCIAL SECURITY NO  III. SOCIAL SECURITY NO  III. Louisa Schmitt 3650 Weber Read (25  Interpretation of the Heart, Myocarditis  III. GAUSE OF DEATH (Enter roll) or the season of the service of	5 /				Male White Wildows   11-5-1886 75 Yr	<b>'</b> 8     1	
13. FATHER'S NAME   13. MADER OF MUSEAND OR WHEE   13. MADE OF MUSEAND OR WHEE   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY.   16. CAUSE OF DEATH (Enter only one cause per line)   16. CAUSE OF DEATH (Enter only one cause per line)   16. CAUSE OF DEATH (Enter only one cause per line)   17. INFORMANT   18. CAUSE OF DEATH (Enter only one cause per line)   18. CAUSE OF DEATH (Enter only one cause per line)   18. CAUSE OF DEATH (Enter only one cause per line)   18. CAUSE OF DEATH (Enter only one cause per line)   18. CAUSE OF DEATH (Enter only one cause per line)   18. CAUSE OF DEATH (Enter only one cause per line)   18. CAUSE OF DEATH (Enter only one cause per line)   18. SOCIAL SECURITY NO.   17. INFORMANT   18. SOCIAL SECURITY NO.   18.	6	်	] ]		During most of working life, even if retired)		OUNIKI
13. WAS DECEASED EVER IN U.S. ARRED FORCES?  10		ð		İ	DUCCHEP RELIFED. GETMANY  136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NA	ME OF HUSBAND OR WIFE	
15. WAS DECRASED EVER IN U.S. ARRED FORCES?  10					Pius Schmitt Sephie ??? Lei	isa Schmitt	
None    Industry   Ind	_ 8 고_				15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT		
10   12/10-0   13   14   15   15   15   15   15   15   15	9	السا		ľ			
Which gave rise to above cause [a], starting the underlying cause last.    DUE TO (c)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. If deceased was female wither a pregnancy in last 90 day   Part III. III. If deceased was female wither a pregnancy in last 90 day   Part III. III. If deceased was female wither a pregnancy in last 90 day   Part III. III. If deceased was female wither a pregnancy in last 90 day   Part III. III. If deceased was female wither a pregnancy in last 90 day   Part III. III. III. III. III. III. III. II	10	<b>X</b>		N.	18. CAUSE OF DEATH (Enter only one cause per line (	INTERVAL I ONSET AN	BETWEEN ID DEATH
Which gave rise to shove cause [a], stating the under-lying cause last.    DUE TO (c)   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal line of the pregnancy in last 90 day   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal line of the pregnancy in last 90 day   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal line of the pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day   PART III. If deceased was female we there a pregnancy in last 90 day				WS.	IMMEDIATE CAUSE (a) Acute Dilitation of the Heart, Myoca	urditis	
Which gave rise to shove cause (a), stating the underlying cause last.    DUE TO (c)				ŏ	,		
VAND		STE			which gave rise to		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease doubling given in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 day  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnancy in last 90 day  PART III. If deceased was female we there a pregnanc	13	ᄩᄣ	+	4	stating the under-]	_	
No disease condition given in PART I (a)    19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   19. WAS AUTOPSY   20a. ACCIDENT SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   19. WAS AUTOPSY   20a. ACCIDENT SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   20c. TIME OF   How   Month, Day, Year   p.m.   p		8					
NOT WHILE AT WORK   20c. IIME OF How p.m.   20d. INJURY (e.g., in or about home, p.m.   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE    20d. INJURY OF How p.m.   20d. INJURY (e.g., in or about home, p.m.   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE    21d. I attended the deceased from   5-26-62   10   10   10   10   10   10   10    21d. I attended the deceased from   5-26-62   10   10   10   10   10    21d. I attended the deceased from   5-26-62   10   10   10   10   10    22d. SIGNATURE Frank J. Shit Regree or title)   22b. ADDRESS   22c. DATE SIGNE	70	1			disease condition given in PART I (a)		<del></del> -
ZOC. TIME OF How Month, Day, Year INJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY Course of farm, factory, street, office bidg., etc.)  20d. INJURY Course of the date stated above, and last saw him elive on m 6—8—6.2  Death occurred at	ļ				19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of		
20d. INJURY OCCURRED WHILE AT WORK   20d. INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   5-26-62   7	ļ	<u> </u>		1	₩ PERFORMED? □ □ □ □		,
Death occurred at	Z		11	11	3 20c. TIME OF Hour Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE with the county of the county street, office bldg., etc.)  21. 1 attended the deceased from 5-26-62 and last saw him elive on m 6-8-62  Death occurred at 9:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.  224/SIGNATURE Frank J. Spit (Regree or title) 22b. ADDRESS 22c. DATE SIGNE	¥ 💆 ∣	₹	11		O INJUKY a.m.		
NOT WHILE AT WORK   21. 1 attended the deceased from 5-26-62 , to 6-8-62 and last saw him elive on m 6-8-62  Death occurred et 9:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.  2224 SIGNATURE Frank J. Smitheuree or title) 22b. ADDRESS 22c. DATE SIGNE					20d. IN HIRY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
Deall Scholar State Signature Frank J. Smitheures or title)  22b. ADDRESS  22c. DATE SIGNE	<b>*</b>			•			
Deall State Signature Frank J. Shi thegree or title)  22b. ADDRESS  22c. DATE SIGNE	₹ºE	<u> </u>			21. 1 attended the deceased from 5-26-62, to 6-8-62 and last saw him eli-	re on m 6-8-62	
22a/Signature Frank J. Shit Regree or title) 22b. ADDRESS 22c. DATE SIGNE	E S				Death occurred at young mon the date stated above, and to the best of	my knowledge, from the causes stat	ted.
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·		하		1	Green 1930 Lindell Blvd.		
23d. BURIAL, CREMATION, 29L6 DAYE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  Cremation 6-11-1962 Missouri Crematory 2711 Sublette Ave (36)		o	7 1	ΔĀ	23d. BURIAL, CREMATION, 23B/DA7E 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (C	_	
23d. BURIAL, CREMATION, 23b/DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  Cremation 6-11-1962 Missouri Crematory 2711 Subject Ave (36)  Z4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		Z S		AFF			¥
Fend ler Und. Co 7420 Michigan Av (11) UN 11 1962	ŀ	m		>	Fend ler Und. Ce 7420 Michigan Av (11)UN 11 1962	I.H MA	

Dr.Smith
Park Lane Hespital
10:00 till 3:00
Secend Fleer

## STATEMENT BY LICENSED EMBALMER

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

у	, Student Embalmer No
ing under my personal supervision.	Signed Wo D. Feterson
ent	Signed W. Lellerow
Signature of Student Embalmer	Licensed Embalmer No. 3767  P. O. Address 7420 Mieliga
	Licensed Embalmer No.
	P. O. Address 7 420 Milly 10